

PATENT
ATTORNEY DOCKET NO. 43889-929

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Toyokazu FUJII, et al.

Serial No.: 09/536,618/

Group Art Unit: 2814

Filed: March 28, 2000

Examiner: H. PHAM

For: A SEMICONDUCTOR DEVICE HAVING IMPROVED PLANARIZATION

PROPERTIES AND A METHOD FOR FORMING THE SAME (AS AMENDED))

AMENDMENT TRANSMITTAL

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

1. \underline{X} Transmitted herewith is an amendment for the above-identified application.

STATUS

X Applicant is ___ is small entity - verified statement: ___ attached ___ already filed.
 X other than a small entity.

EXTENSION OF TIME

- 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.
 - (a) X Applicant petitions for an extension of time for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
one month two months three months four months	\$ 55.00 205.00 465.00 725.00	\$ 110.00 410.00 930.00 1,450.00

Fee \$ 410.00

If an additional extension of time is required, please consider this a petition therefor.

An ext	tension	for		mor	ıths	has	alread	dy b	een	sec	cured	l and	. the	fee
 paid t	therefor	c of	:	is	dedi	icted	d from	the	tot	al	fee	due	for	the
total	months	of	exter	ısic	on no	ow re	equest	ed.						

Extension fee due with this Request \$

(b) ____ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.



4. X The fee for claims has been calculated as shown below:

	:	Claims Remaining After Amendment	:	Number Previously Paid For		Present Extra			Rá	ate				A	ddit Fe	io:	nal
Total	:		:		-:		:										
Claims	:	21	:	_20	:	1	_:	x	\$	18	.00	=_	<u>:</u>			18	.00
Independent	:		:		:		:						-:				
Claims	:	2	_ :_	3	:	0	:	x	\$	84	.00	=	:			0	.00
Multiple Dep)e	ndent Claims	(f:	irst present	at	ion)	:		\$2	280	.00	_=	:				.00
						Total						=	_:_			18	.00
				Reduc	ti	on by ½	ξf	O	:				-:				
small entity									_	:_				0			
				TOTAL	F	EE							:		\$	18	.00

(a) ___ No additional fee for claims is required.

-OR-

(b) X The total additional fee for claims required \$ 18.00.

FEE PAYMENT

- 5. Attached is a check in the amount of \$.
 - X Charge Deposit Account No. 50-0417 the amount of \$ 18.00 . A duplicate copy of this Transmittal is enclosed for accounting purposes.

FEE DEFICIENCY

If any additional extension and/or fee is required, this is the request therefor and to charge Deposit Account No. 50-0417.

AND/OR

X If any additional fee for claims is required, charge Deposit Account No. 50-0417. A duplicate copy of this Transmittal is enclosed for accounting purposes.

Respectfully submitted,

MCDERMOTT, WILL & EMERY

Date:

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Ву:

Michael E Fogarty Registration No. 36,139

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